

# Skill Sheets

## Emergency Medical Technician-I, II, & III

**Section of Community Health & EMS  
Division of Public Health  
Department of Health and Social Services  
Box 110616  
Juneau, AK 99811-0616**

**(907) 465-3141/465-3027**  
<http://www.chems.alaska.gov>

*Version 5b, Revised January 10, 2001*



# Notes on Using These Skill Sheets

## Categories of Skill Sheets

1. The skill sheets included in this packet are categorized as “teaching” and “testing” skill sheets. A breakdown of the skill sheets, by category, can be found starting on page 47.
2. The “teaching” skill sheets are in the packet for the instructor or candidate to use to augment instruction regarding the particular skill or technique. The “testing” skill sheets category includes those skills which must be evaluated by the instructor of an EMT training program before the person is considered to have successfully completed the course.
3. Practical examinations for certification may be based on any of the “testing” skill sheets at the level being tested, or below. For example, a skill sheet which is a “testing” sheet at the EMT-I level but a “teaching” sheet at the EMT-II level may serve as the basis for a practical examination station at an EMT-II practical examination for certification.

## Critical Points

1. Asterisks (“\*”) denote critical points.
2. Critical points were established by considering:
  - a) whether failure to complete the step would result in further harm to the patient or rescuer.
  - b) whether the step was a critical point on another Alaska Skill Sheet or on skill sheets developed by the National Registry of EMTs.
3. The individual must complete all critical points to successfully complete a skill sheet.
4. Some lines include multiple events, such as "Assesses skin color, temperature, and condition." In these cases, **all steps must be completed** in order to gain credit for completion of that line.

## Artificialities of Training and Testing

Training and testing in EMS can only approximate the real world activities of the emergency medical technician. There are certain artificialities to both training and testing which must be (and usually are) understood by both the instructor and the candidate. For example, when an EMT sees the patient for the first time, he or she immediately forms an impression of whether the patient is “sick or not sick.” In the testing and training phases of EMS, this “general impression” must be verbalized to the proctor or instructor. Clearly, in the field setting, this impression would not be shared with the patient.

## Evaluation

Completion of the testing skills for a particular training program must be verified by a department approved instructor for that training level.

The Department of Health and Social Services uses these skill sheets as the basis for practical examination development. Typically, the practical examination is constructed by consolidating the relevant skill sheets into a scenario and requiring the applicant to complete all of the critical points and 70% of the non-critical points.

## **Notes on CPR Skills**

Although this packet does not include the skill sheets for CPR, it is expected that all EMTs be capable of competently performing all CPR skills (one and two rescuer CPR, rescue breathing, cardiopulmonary resuscitation, and airway obstruction removal procedures) for infant, child, and adult patients. The skills must be performed in accordance with the American Heart Association's guidelines for Basic Life Support, as published in Circulation, August, 22, 2000, or later edition.

**Regardless of the skill sheets used, the following are considered "critical points" and failure to perform them properly may result in failure of the practical examination:**

1. Using proper body substance isolation precautions.
2. Key sequencing (**initial assessment before detailed assessment**).
3. Obtaining a proper mask seal.
4. Providing adequate volume when ventilating, e.g. tidal volume should be sufficient to make the chest rise.
5. Proper length, frequency, and location of pulse checks.
6. Proper positioning of the patient's head.
7. Proper hand placement, compression rate and depth.
8. Proper ratio of ventilations to compressions.

## **Notes About Oxygen Therapy:**

These skill sheets reflect the fact that, in the EMT-Basic curriculum, the use of oxygen is part of the breathing assessment/treatment included in the initial assessment.

After checking the patient's breathing, the EMT should initiate whatever respiratory management is indicated. In some circumstances, this may require assisting the patient's ventilations. In circumstances in which the patient is respiring with adequate rate and depth, but is likely to be hypoxic, oxygen use should be considered before checking the pulse. When multiple rescuers are present, the person performing the assessment should direct another rescuer to initiate oxygen therapy. If the rescuer is alone, oxygen should be started as soon as is practical. In all cases, however, the use of oxygen should be considered in the initial assessment immediately after breathing is assessed.

When administering supplemental oxygen via a non-rebreather mask, medical personnel should start the flow rate at 15 lpm and may then adjust the rate of flow to maintain inflation of the bag during inhalations.

## Additional Notes

1. In all circumstances, the rescuers should: avoid entering the scene until it is determined to be safe; introduce themselves to the patient; and, whenever possible, obtain the patient's consent prior to beginning treatment or transport.
2. Body substance isolation (BSI) procedures recommended by the Centers for Disease Control should be adhered to on all skill sheets and patient care should not proceed until BSI precautions have been taken and the scene has been determined to be safe. BSI should be used whenever there is a potential for contact with blood and/or other body fluids. Because of the costs involved in purchasing BSI devices, such as gloves, masks, and gowns, it is the instructor's prerogative to decide whether to require actual donning BSI, or verbalizing the donning of BSI. At the test site, however, actual donning of BSI will probably be required.
3. In many cases, such as the application of the pneumatic anti shock device, most, if not all, of the patient's clothes must be removed to effect proper patient care. Obviously, in the classroom environment, the modesty of candidates and simulated patients should be preserved by allowing the candidate to verbalize the need to remove the patient's clothing.
4. "Adequate strapping materials" means that the individual has enough roller bandages, tape, straps, etc. to perform the skills included on the particular skill sheet.
5. Some skill sheets reference other skill sheets. When this occurs, all of the steps of the referenced skill sheets should be evaluated. For example, the PASG is applied during the "EMT-I Trauma Assessment/Management skill sheet."
6. All of the medication skill sheets should be included in the context of a full physical assessment. The medication skill sheets deal specifically with the administration of a particular medication. It should be assumed that necessary assessments, vital signs, and other interventions have been completed prior to the administration of the medication.
7. A digital watch can be used by proctor in place of a "watch with a second hand."
8. Many skills require that equipment be prepared or assembled. Unless the context indicates otherwise, it is permissible to prepare or assemble the required equipment or devices at any time, so long as it does not interfere with patient care.
9. The candidate should know how to prepare or assemble all equipment.
10. EMTs should not only practice a skill under optimum conditions, but should also practice in more difficult and realistic circumstances as competence increases. Also, it is particularly important to be able to identify and respond rapidly and correctly to device malfunctions, improper placement of airways, etc.
11. Unless stated on the skill sheet, the sequence of steps is not considered critical. For example while performing detailed examinations, the exact order of the assessment steps is not critical, unless the context indicates otherwise. Likewise, on the Neurological Assessment skill sheet, it is acceptable to check the neurological status of the arms before the legs.
12. In some skill sheets, such as the Trauma Assessment/Management, it is permissible to start treatment, based on the mechanism of injury and the patient's presentation, prior to obtaining vital signs.
13. When performing medical or trauma assessments, the EMT should consider a sweep for medical alert jewelry, Comfort One identification, or cards identifying the patient as having a do-not

resuscitate order (Comfort One), living will, or wishing to make an anatomical gift.

14. Some of the skills sheets, particularly those related to patient extrication and spinal care, require the person being evaluated to select and apply the cervical collar. This was intended to ensure the ability of the instructor to evaluate important skills. It is recognized that these skills are often delegated to other emergency care personnel in the field setting.
15. In a few skill sheets, the EMT may be asked to elicit information about allergies, medications, etc., in a step separate from the requirement to obtain a SAMPLE history. In such cases, the questions asked by the EMT may be applied towards completion of a SAMPLE assessment found later in that skill sheet. Similarly, in some skill sheets, essential questions found within a SAMPLE history may be excerpted and marked as critical, while obtaining the entire SAMPLE history is not.
16. Throughout these skill sheets, blood pressure may be abbreviated as BP, pulse may be abbreviated as P, and respirations may be abbreviated as R.

# TABLE OF CONTENTS

ASSESSMENT OF BLOOD PRESSURE, PULSE, RESPIRATIONS, AND SKIN .....	1
OROPHARYNGEAL AIRWAY INSERTION - ADULT .....	3
OROPHARYNGEAL AIRWAY INSERTION-INFANT/CHILD .....	4
NASOPHARYNGEAL AIRWAY INSERTION.....	5
MOUTH TO MASK VENTILATION - ONE RESCUER METHOD.....	6
BAG-VALVE-MASK RESUSCITATOR.....	7
FLOW RESTRICTED OXYGEN POWERED VENTILATION DEVICE.....	8
ORAL SUCTIONING.....	9
ADMINISTRATION OF SUPPLEMENTAL OXYGEN .....	10
PHYSICAL ASSESSMENT AND MANAGEMENT - TRAUMA (EMT-I, II, AND III).....	11
PHYSICAL ASSESSMENT AND TREATMENT-MEDICAL (EMT-I, II, AND III).....	14
NEUROLOGICAL ASSESSMENT.....	17
ASSISTING WITH PRESCRIBED MEDICATION .....	18
ADMINISTRATION OF EMT-I NON-PRESCRIBED MEDICATION .....	19
DEFIBRILLATION USING AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED).....	20
EMERGENCY CHILDBIRTH.....	21
NEWBORN MANAGEMENT .....	23
EXTERNAL BLEEDING CONTROL .....	24
BASIC SHOCK TREATMENT .....	25
PNEUMATIC ANTI-SHOCK GARMENT - ADULT .....	26
SPINAL IMMOBILIZATION – SUPINE PATIENT .....	28
SPINAL IMMOBILIZATION – SEATED PATIENT .....	29
RAPID EXTRICATION.....	30
APPLICATION OF SLING AND SWATHE BANDAGE.....	31
TRACTION SPLINTING.....	32
LONG BONE IMMOBILIZATION.....	34
MULTILUMEN AIRWAYS .....	35
LARYNGEAL MASK AIRWAY® (LMA) .....	36

<b>ORAL TRACHEAL INTUBATION .....</b>	<b>37</b>
<b>NEEDLE CHEST DECOMPRESSION .....</b>	<b>38</b>
<b>ADMINISTRATION OF SQ, IM AND ET MEDICATIONS .....</b>	<b>39</b>
<b>INTRAVENOUS (IV) ACCESS .....</b>	<b>41</b>
<b>ADMINISTRATION OF IV MEDICATIONS .....</b>	<b>42</b>
<b>INTRAOSSEOUS INFUSION .....</b>	<b>43</b>
<b>DEFIBRILLATION USING A MANUAL DEFIBRILLATOR.....</b>	<b>44</b>
<b>EMT-III CARDIAC ARREST TREATMENT.....</b>	<b>45</b>
<b>EMT-III LETHAL ARRHYTHMIA TREATMENT .....</b>	<b>46</b>
<b>CATEGORIZED SKILL SHEETS.....</b>	<b>47</b>
<b>SUGGESTION FORM .....</b>	<b>49</b>



# ASSESSMENT OF BLOOD PRESSURE, PULSE, RESPIRATIONS, AND SKIN

**OBJECTIVE:** The candidate will demonstrate the ability to correctly obtain an accurate BP, heart rate, respiratory rate, and assess the skin.

**EQUIPMENT:** BP cuff, stethoscope (preferably dual training stethoscope), digital watch or watch with second hand, patient.

**PERFORMANCE CRITERIA AND CONDITIONS:** Given a simulated patient, the candidate will measure the BP, pulse rate, and respiratory rate within the degree of accuracy specified within the applicable section of the skill sheet.

**Notes:** The BP, pulse, respirations, and skin assessment may be performed in any order.

**REVISED:** January 2001

<i>Blood Pressure - Auscultation - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Explains the procedure to the patient.		
3. Places the BP cuff around the patient's arm.		
4. Locates the brachial artery by palpation.		
5. Places the diaphragm of the stethoscope over the brachial artery.		
6. Inflates the cuff to approximately 30 mmHg above last pulse heard.		
7. Deflates the cuff slowly.		
8. Reports the obtained measurement (accuracy within 10% required).	*	
<i>Blood Pressure - Palpation - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Explains the procedure to the patient.		
2. Places the BP cuff around the patient's arm.		
3. Locates the radial or brachial artery.		
4. Palpates the artery.		
5. Inflates the cuff to approximately 30 mmHg above last pulse felt.		
6. Deflates the cuff slowly.		
7. Reports the obtained systolic measurement (accuracy within 10% required).	*	
<i>Pulse Rate - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Locates peripheral pulse with at least two fingers.		
2. Counts pulsations for at least 15 seconds.		
3. Calculates and reports rate (accuracy within 10%).	*	
4. Reports quality (strength) and rhythm (regular, irregular).		

<i>Assessment of pulse, blood pressure and respiration, cont.</i>		
<i>Respiratory Rate - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Places hand lightly over patient's diaphragm, observes chest rise, or uses other technique to identify a respiratory cycle.		
2. Counts respiratory cycles for at least 15 seconds.		
3. Calculates the minute rate appropriately and states within 10% of rate observed by evaluator.	*	
4. Reports rate (number), quality (normal, shallow, labored, noisy) rhythm (regular, irregular).		
<i>Skin Assessment - Event</i>	<i>Does</i>	<i>Does Not</i>
1. Observes skin color. (normal, pale, cyanotic, jaundice, etc.)		
2. Feels skin temperature. (normal, warm, cool, cold, hot)		
3. Feels for condition of skin. (normal, dry, moist, tenting)		
4. Assesses capillary refill in infants and children.		
5. Reports skin color, temperature and condition.	*	

# OROPHARYNGEAL AIRWAY INSERTION - ADULT

**OBJECTIVE:** The candidate will demonstrate the ability to correctly measure and insert an oropharyngeal airway.

**EQUIPMENT:** Intubation manikin, examination gloves, tongue blade, and a selection of oropharyngeal airways.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be able to correctly insert an oropharyngeal airway when presented with an intubation manikin and a selection of oropharyngeal airways (airway kit).

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Determines the proper size airway by measuring it against the patient's face from the corner of the mouth to the tip of the ear lobe, or by measuring from the center of the mouth to the angle of the jaw.	*	
3. Opens the patient's mouth.		
4. Inserts the airway by either: <ul style="list-style-type: none"><li>• Inserting with the tip towards the hard palate and rotated 180° as the tip passes the soft palate into the pharynx;</li><li>• inserting sideways and rotated 90° as the tip passes the soft palate into the pharynx; or</li><li>• inserting after the tongue is displaced anteriorly with a tongue blade or equivalent device.</li></ul>	*	
5. Inserts the airway so that the flange is resting on the lips, gums, or teeth.		
6. Maintains the head in a neutral position if a cervical spine injury is suspected.		

# OROPHARYNGEAL AIRWAY INSERTION-INFANT/CHILD

**OBJECTIVE:** The candidate will demonstrate the ability to correctly measure and insert an oropharyngeal airway in an infant or child.

**EQUIPMENT:** Pediatric intubation manikin, examination gloves, selection of oropharyngeal airways, and tongue blade.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a pediatric intubation manikin, selection of oropharyngeal airways, and a tongue blade. The candidate must correctly size and insert the airway.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Determines the proper size airway by measuring it against the patient's face from the corner of the patient's mouth to the tip of the earlobe or from the center of the mouth to the angle of the jaw.	*	
3. Opens the patient's mouth.		
4. Inserts the tongue blade in the mouth until its tip is at the base of the tongue. Depresses the tongue anteriorly with the tongue blade.	*	
5. Inserts the airway in its normal anatomic position until the flange is seated on the teeth or lips.		
6. Maintains the head in a neutral position if a cervical spine injury is suspected.		

# NASOPHARYNGEAL AIRWAY INSERTION

**OBJECTIVE:** The candidate will demonstrate the ability to correctly measure and insert a nasopharyngeal airway.

**EQUIPMENT:** Intubation manikin, examination gloves, selection of nasopharyngeal airways, silicone spray.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with an intubation manikin and a selection of nasopharyngeal airways. The candidate must correctly size and insert the airway.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Sizes airway: <ul style="list-style-type: none"><li>• The proper diameter of the airway is determined by measuring it against the patient's little finger or the size of the patient's nostril.</li><li>• The length is measured from the patient's nostril to the tip of the ear lobe or the angle of the jaw.</li></ul>	*	
3. The airway is lubricated with a water-soluble lubricant.		
4. The airway is gently inserted with the bevel towards the nasal septum or floor of nose.	*	
5. If resistance is met, airway is removed and insertion attempted in other nostril.	*	
6. Inserts the airway until the flange rests on the nostril.		

# MOUTH TO MASK VENTILATION - ONE RESCUER METHOD

**OBJECTIVE:** The candidate will demonstrate the ability to adequately ventilate a patient using a pocket mask with an oxygen port and one way valve.

**EQUIPMENT:** Pocket mask with one way valve and oxygen port, intubation manikin, examination gloves, the correct size of oropharyngeal airway and/or nasopharyngeal airways, oxygen tank with regulator and oxygen supplies.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a simulated patient who is in respiratory arrest. **Rescue breathing is in progress and is being performed by a first responder.** The candidate will correctly perform pulmonary ventilation for at least two minutes.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Assembles pocket mask correctly.		
3. Connects pocket mask to oxygen source and ensures flow of oxygen.		
4. Effectively opens patient's airway.	*	
5. Correctly inserts oropharyngeal airway, or nasopharyngeal airway.		
6. Places pocket mask over patient's mouth and nose and ensures proper seal.	*	
7. Effectively ventilates patient, as evidenced by rise and fall of chest, at a rate of 10-12 times per minute.	*	
8. Allows for adequate exhalation between ventilations.		

# BAG-VALVE-MASK RESUSCITATOR

**OBJECTIVE:** The candidate will demonstrate the ability to ventilate a patient using a bag-valve-mask resuscitator using one or two-rescuer technique.

**EQUIPMENT:** Bag-valve-mask resuscitator, intubation manikin, examination gloves, and the correct size of oropharyngeal airway and/or nasopharyngeal airway. Oxygen reservoir, oxygen connecting tubing, and oxygen source with variable flow regulator.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a simulated patient who is in respiratory arrest. While maintaining the mask seal, the candidate will ensure correct ventilation for at least two minutes

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Assembles bag-valve-mask resuscitator correctly.		
3. Connects bag-valve-mask resuscitator to oxygen source.		
4. Delivers oxygen at rate of 15 liters per minute. Oxygen flow must be sufficient to ensure inflation of reservoir bag.		
5. Effectively opens the airway.	*	
6. Correctly inserts oropharyngeal airway, or nasopharyngeal airway.		
7. While maintaining an open airway, places mask over patient's mouth and nose and establishes mask seal:  One rescuer: Seals mask with one hand. Two rescuer: Seals mask with both hands.	*	
8. Effectively ventilates patient, as evidenced by rise and fall of chest, at a rate of 10-12 times per minute.  One rescuer: Compresses bag with one hand. Two rescuer: Compresses bag with both hands.	*	
9. Allows for adequate exhalation between ventilations.		

# FLOW RESTRICTED OXYGEN POWERED VENTILATION DEVICE

**OBJECTIVE:** The candidate will demonstrate the ability to adequately ventilate a patient using a positive pressure oxygen powered device.

**EQUIPMENT:** Flow restricted positive pressure oxygen device with more than 500 psi pressure remaining, intubation manikin, examination gloves, lubricating spray, and the correct size of oropharyngeal airway and/or nasopharyngeal airways.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a simulated patient who is in respiratory arrest. **Rescue breathing is in progress.** The candidate will correctly perform ventilation for at least two minutes.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Assembles resuscitator correctly.		
3. Turns on oxygen.		
4. Effectively opens patient's airway.		
5. Correctly inserts oropharyngeal airway, or nasopharyngeal airway.		
6. Places resuscitator mask over patient's mouth and nose and ensures a proper seal.		
7. Effectively ventilates patient, as evidenced by rise and fall of chest, at a rate of 10-12 times per minute.	*	
8. Allows for adequate exhalation between ventilations.		



# ORAL SUCTIONING

**OBJECTIVE:** The candidate will demonstrate the ability to correctly suction a patient's oropharynx. This skill sheet assumes that the rescuer has manually cleared the oropharynx of large objects such as clots, etc.

**EQUIPMENT:** Suction device, tonsil tip catheter, simulated patient, bag-valve-mask and/or flow restricted oxygen powered ventilation device, examination gloves, oxygen source with regulator.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will correctly provide oral suctioning when presented with a simulated patient who is unconscious, not breathing, and has no gag reflex. A first responder is present to provide rescue breathing.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Gathers and assembles necessary equipment.		
3. Tests suction device to ensure suction is being provided.		
4. Advances suction tip into mouth without applying suction.		
5. Provides suction for no longer than 15 seconds.	*	
6. Following suction, patient is hyperventilated with 100% oxygen at rate of 20-25 ventilations/minute before resuming normal ventilation rate of 10-12 ventilations/minute.		

# ADMINISTRATION OF SUPPLEMENTAL OXYGEN

**OBJECTIVE:** The candidate will demonstrate the ability to set up a free flow oxygen delivery system and deliver oxygen at a specified rate.

**EQUIPMENT:** Oxygen cylinder with more than 500 psi remaining, oxygen regulator for free flow use, cylinder wrench, nasal cannula, non-rebreather mask, and patient.

**PERFORMANCE CRITERIA AND CONDITIONS:** Given an oxygen cylinder, oxygen regulator, and assortment of oxygen delivery devices, the candidate will be able to correctly assemble the necessary equipment and deliver oxygen at a rate specified by the proctor, using the appropriate delivery device.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Gathers necessary equipment.		
3. Identifies contents of cylinder as medical oxygen.		
4. "Cracks" the tank valve to eliminate foreign particles.		
5. Confirms that the 'O' ring is in place.		
6. Connects regulator to cylinder.		
7. Opens tank valve and checks for leaks.	*	
8. Confirms that adequate pressure exists in tank.		
9. Connects oxygen tubing to regulator.		
10. Explains procedure to patient.		
11. Initiates flow of oxygen at 10-15 lpm via non-rebreather mask, or a nasal cannula at 2-6 lpm.	*	
12. Correctly places mask or cannula on patient's face (if using a mask, inflates reservoir chamber prior to placing mask on patient's face) and adjusts oxygen flow so that reservoir bag does not deflate during inhalations.	*	
EMT is told to discontinue oxygen delivery.		
13. Removes device from patient's face.		
14. Shuts off flow and regulator.		
15. Relieves pressure from system.		
16. Performs all steps without leaving cylinder in a vertical position unsecured.	*	

# PHYSICAL ASSESSMENT AND MANAGEMENT - TRAUMA (EMT-I, II, AND III)

**OBJECTIVE:** The candidate will demonstrate the ability to correctly perform a thorough physical assessment and perform appropriate patient care.

**EQUIPMENT:** Penlight, BP cuff, stethoscope, notepad, watch with a second hand, patient, and two EMT/ETT trained bystanders.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a trauma patient and will be told to perform a complete physical assessment and treat the patient accordingly.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
<b>Scene Size Up</b>		
2. Determines that scene is safe.	*	
3. Determines and states mechanism of injury.		
4. Determines and states number of patients.		
5. Requests additional help, if necessary.		
6. Considers stabilization of patient's cervical spine, if indicated.		
<b>Initial Assessment</b>		
7. Determines and states general impression of patient (sick or not sick).		
8. Determines and states responsiveness/level of consciousness (AVPU).		
9. Determines and states chief complaint if patient is conscious.		
10. Assesses <b>AIRWAY</b> , opens and maintains as indicated. <ul style="list-style-type: none"> <li>If patient is alert and talking clearly or crying loudly, the airway is assumed patent.</li> </ul>	*	
11. Checks <b>BREATHING</b> (adequate or inadequate) and corrects immediate life threats. <ul style="list-style-type: none"> <li>If breathing is inadequate assists <b>ventilation</b>, with supplemental oxygen.</li> <li>If breathing is adequate and the patient is responsive, oxygen may be indicated.</li> </ul>	*	
12. Checks <b>CIRCULATION</b> and initiates CPR, if necessary. <ul style="list-style-type: none"> <li>If the patient is moving or talking, pulse is assumed present.</li> <li>Palpates pulse if patient is unconscious</li> </ul>	*	
13. Assesses for, and controls, life threatening <b>HEMORRHAGE</b> .	*	
14. Identifies and treats readily apparent life threats. (Severe airway compromise, no apparent breathing, obvious major bleeding, inadequate chest wall expansion.)		
15. <b>Performs items 10-14 before any other treatment or assessment.</b>	*	
16. Assess skin color, temperature, and condition.		
17. Identifies priority patients and makes appropriate transport decision.	*	
18. Selects appropriate assessment. (focused or rapid)		

Focused History and Physical Examination					
No significant mechanism of injury and patient is conscious Focused Exam	Does	Does Not	Significant mechanism of injury or patient has altered consciousness Rapid Trauma Assessment	Does	Does Not
19. Assesses injuries based on chief complaint.			19. Inspects and palpates the head for DCAP-BTLS and crepitation.		
20. When indicated, inspects, auscultates, and palpates the injury site and related areas.	*		20. Inspects and palpates neck for DCAP-BTLS, JVD, tracheal deviation, and crepitation.		
21. Selects and applies an appropriately sized cervical collar, or directs assistants to apply selected collar, if indicated by mechanism of injury.			21. Selects and applies an appropriately sized cervical collar, or directs assistants to apply selected collar, if indicated by mechanism of injury.		
22. Obtains, or directs assistants to obtain, baseline BP, pulse, and respirations.			22. Inspects and palpates chest for DCAP-BTLS, crepitation and paradoxical motion.		
23. Obtains a SAMPLE history.			23. Assesses presence of breath sounds bilaterally.		
24. Performs a rapid trauma assessment if indicated by other injuries or critical findings.			24. Inspects and palpates abdomen for DCAP-BTLS, distention and rigidity.		
25. Properly packages and transports if needed.			25. Inspects and palpates pelvis for DCAP-BTLS, and crepitation.		
26. Performs detailed exam or ongoing examination, if indicated.			26. Inspects and palpates all four extremities for DCAP-BTLS and crepitation.		
			27. Assesses pulse, motor and sensory function in each extremity.		
			28. If indicated by mechanism of injury, while using spinal precautions, inspects and palpates posterior thorax and lumbar regions for DCAP-BTLS and crepitation and moves the patient onto backboard.		
			29. Properly packages and begins transport within 10 minutes.	*	
			30. Obtains or directs assistants to obtain, baseline BP, pulse, respirations.		
			31. Obtains SAMPLE history if the patient is conscious.		

<b>Detailed Physical Exam</b> (Usually performed while transporting if time allows, if a significant mechanism exists, or if a rapid trauma assessment was performed.)	<b><i>Does</i></b>	<b><i>Does Not</i></b>
32. Inspects the eyes, including pupillary response.		
33. Inspects and palpates the face, including the oral and nasal areas and in and behind the ears.		
34. Inspects and palpates the neck, assesses for JVD and tracheal deviation.		
35. Inspects and palpates the chest.		
36. Assesses lung sounds bilaterally at bases and apices.		
37. Inspects and palpates the abdomen.		
38. Inspects and palpates the pelvis. Inspects genitalia and perineum as needed.		
39. Inspects and palpates all four extremities.		
40. Performs pulse, motor function and sensory on all four extremities.		
41. Inspects and palpates posterior thorax and posterior lumbar spine, if not performed earlier.		
<b>Management (Should occur throughout assessments)</b>		
42. Initiates shock management as indicated.	*	
43. Manages all injuries and wounds appropriately.		
44. Maintains cervical spine and spinal alignment throughout, if indicated.	*	
45. Transports patient (if not already performed).		
<b>Ongoing Assessment</b>		
46. Repeats initial assessment (LOC, airway, breathing, and circulation).		
47. Re-assesses vital signs (BP, pulse, and respirations).		
48. Re-assesses all interventions.		

# PHYSICAL ASSESSMENT AND TREATMENT-MEDICAL (EMT-I, II, AND III)

**OBJECTIVE:** The candidate will demonstrate the ability to correctly perform a thorough physical assessment and perform patient treatment.

**EQUIPMENT:** Penlight, BP cuff, stethoscope, watch with a second hand, and patient. Equipment and medication appropriate for scenario.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a patient who is responsive and alert. The candidate will perform a complete physical assessment.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
<b>Scene Size Up</b>		
2. Determines that scene is safe.	*	
3. Determines and states nature of illness.		
4. Determines and states number of patients.		
5. Requests additional help, if necessary.		
6. Considers stabilization of patient's cervical spine, if indicated.		
<b>Initial Assessment</b>		
7. Determines and states general impression of patient (sick or not sick).		
8. Determines and states responsiveness/level of consciousness (AVPU).		
9. Determines and states chief complaint if patient is conscious.		
10. Assesses <b>AIRWAY</b> , opens and maintains as indicated. <ul style="list-style-type: none"> <li>If patient is alert and talking clearly or crying loudly, the airway is assumed patent.</li> </ul>	*	
11. Checks <b>BREATHING</b> (adequate or inadequate) and corrects immediate life threats. <ul style="list-style-type: none"> <li>If breathing is inadequate assists <b>ventilation</b>, with supplemental oxygen.</li> <li>If breathing is adequate and the patient is responsive, oxygen may be indicated.</li> </ul>	*	
12. Checks <b>CIRCULATION</b> and initiates CPR, if necessary. <ul style="list-style-type: none"> <li>If the patient is moving or talking, pulse is assumed present.</li> <li>Palpates pulse if patient is unconscious.</li> </ul>	*	
13. Assesses for, and controls, life threatening <b>HEMORRHAGE</b> .	*	
14. Identifies and treats readily apparent life threats. (Severe airway compromise, no apparent breathing, obvious major bleeding, inadequate chest wall expansion.)		
15. <b>Performs items 10-14 before any other treatment or assessment.</b>	*	
16. Assess skin color, temperature, and condition.		
17. Identifies priority patients and makes appropriate transport decision.	*	
18. Selects appropriate assessment. (focused or rapid)		

Focused History and Physical Examination					
Conscious Patient Focused Examination	Does	Does Not	Unresponsive Patient Rapid Medical Assessment	Does	Does Not
19. Assess complaints, signs and symptoms.	*		19. Inspects and palpates the head.		
20. Asks medical assessment questions.			20. Inspects eyes for pupillary equality, reaction to light and size. (PERL)		
21. Obtains SAMPLE history.			21. Inspects and palpates neck.		
22. Obtains, or directs assistants to obtain baseline BP, pulse, respirations.	*		22. Inspects and palpates chest.		
23. Inspects, auscultates and palpates areas based on chief complaint.			23. Assess presence of breath sounds bilaterally.		
24. Provides appropriate care and transport.	*		24. Inspects and palpates abdomen.		
<b>S-Signs and symptoms</b> <b>A-Allergies</b> <b>M-Medications</b> <b>P-Past medical history</b> <b>L-Last oral intake</b> <b>E-Events leading to this</b>			25. Inspects and palpates pelvis.		
			26. Inspects and palpates all extremities.		
			27. Inspects and palpates posterior.		
			28. Properly packages and begins transport.		
			29. Obtains, or directs assistant to obtain, baseline BP, pulse, respirations.		
			30. Obtains SAMPLE history if available.		
			31. Asks medical assessment questions.		
<b>Medical Assessment Questions (Numbers in parentheses relate to the number of questions which must be asked to get credit for having completed this step).</b>					
<b>Altered Mental Status (5/8)</b> <input type="checkbox"/> Description of episode <input type="checkbox"/> Duration <input type="checkbox"/> Onset <input type="checkbox"/> Associated symptoms <input type="checkbox"/> Evidence of trauma <input type="checkbox"/> Interventions <input type="checkbox"/> Seizures <input type="checkbox"/> Fever <b>Allergic Reaction (4/6)</b> <input type="checkbox"/> History of allergies <input type="checkbox"/> Exposed to what? <input type="checkbox"/> How exposed <input type="checkbox"/> Effects <input type="checkbox"/> Progression <input type="checkbox"/> Interventions	<b>Environmental (3/5)</b> <input type="checkbox"/> Source <input type="checkbox"/> Environment <input type="checkbox"/> Duration <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Effects-general or local <b>Cardiac/Respiratory (4/6)</b> <input type="checkbox"/> Onset <input type="checkbox"/> Provocation <input type="checkbox"/> Quality <input type="checkbox"/> Radiation <input type="checkbox"/> Severity <input type="checkbox"/> Time <b>Acute Abdomen (3/5)</b> <input type="checkbox"/> Location of pain <input type="checkbox"/> Bleeding or discharge <input type="checkbox"/> Orthostatic vital signs <input type="checkbox"/> Last menstrual period <input type="checkbox"/> Blood in feces, urine or vomit		<b>Syncope (4/7)</b> <input type="checkbox"/> Length of time unconscious <input type="checkbox"/> Position <input type="checkbox"/> History <input type="checkbox"/> Blood in vomit or stool <input type="checkbox"/> Trauma <input type="checkbox"/> Incontinence <input type="checkbox"/> Orthostatic vital signs <b>Poisoning &amp; OD (4/6)</b> <input type="checkbox"/> Substance <input type="checkbox"/> When exposed/ingested <input type="checkbox"/> Amount <input type="checkbox"/> Time period <input type="checkbox"/> Interventions <input type="checkbox"/> Estimated weight	<b>Behavioral (3/4)</b> <input type="checkbox"/> How do you feel? <input type="checkbox"/> Determine if suicidal <ul style="list-style-type: none"><li>“Were you trying to hurt yourself?”</li><li>“Have you been feeling that life is not worth living?”</li><li>“Have you been feeling like killing yourself?”</li><li>“Do you have a plan?”</li></ul> <input type="checkbox"/> Medical problem <input type="checkbox"/> Interventions <b>Obstetrics (4/6)</b> <input type="checkbox"/> Are you pregnant? <input type="checkbox"/> How long <input type="checkbox"/> Pain or contraction <input type="checkbox"/> Bleeding or discharge <input type="checkbox"/> Do you want to push? <input type="checkbox"/> Last menstrual period	

<b>Detailed Physical Exam</b> Detailed physical examination is not usually indicated in a medical patient as there is no reason to suspect injuries that the detailed physical examination would reveal. However, maintain a high index of suspicion and remain ready to perform a detailed examination if anything in patient's condition changes causing you to suspect an injury.	<b><i>Does</i></b>	<b><i>Does Not</i></b>
<b>Management</b>		
32. Performs interventions in accordance with applicable skill sheets and standing orders.	*	
<b>Ongoing Assessment</b>		
33. Repeats initial assessment. (LOC, airway, breathing, circulation)		
34. Reassess vital signs. (BP, pulse, respirations)		
35. Reassess all interventions.		



# NEUROLOGICAL ASSESSMENT

**OBJECTIVE:** The candidate will demonstrate the ability to evaluate correctly the neurological status of a patient.

**EQUIPMENT:** Penlight, patient

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a conscious or unconscious patient and will accurately assess the neurological status.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does not</i>
1. Takes BSI precautions.	*	
2. Assesses response: Alert - oriented to person, place, time and event Verbal - appropriate/inappropriate Painful – purposeful/non-purposeful/posturing Unresponsive – no response	*	
3. Assesses Glasgow Coma Scale:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b><u>Adult/Child</u></b></p> <p style="text-align: center;"><b>Eye Opening</b></p> <p>Spontaneous 4</p> <p>To Voice 3</p> <p>To Pain 2</p> <p>None 1</p> <p style="text-align: center;"><b>Verbal Response</b></p> <p>Oriented 5</p> <p>Confused 4</p> <p>Inappropriate 3</p> <p>Incomprehensible 2</p> <p>No response 1</p> <p style="text-align: center;"><b>Motor Response</b></p> <p>Obey commands 6</p> <p>Localized pain 5</p> <p>Withdraws 4</p> <p>Flexion 3</p> <p>Extension 2</p> <p><u>No response 1</u></p> <p>Total 3-15</p> </div> <div style="width: 45%;"> <p><b><u>Infant</u></b></p> <p>Spontaneous</p> <p>To speech</p> <p>To pain</p> <p>No response</p> <p>Coos, babbles</p> <p>Irritable, cries</p> <p>Cries to pain</p> <p>Moans, grunts</p> <p>No response</p> <p>Spontaneous</p> <p>Localizes pain</p> <p>Withdraws</p> <p>Flexion</p> <p>Extension</p> <p><u>No response</u></p> <p>Total</p> </div> </div>		
4. Assesses pupillary equality, reaction to light, and size. (PERL)		
5. Assesses pulse, motor and sensory function in all extremities.	*	

## ASSISTING WITH PRESCRIBED MEDICATION

**OBJECTIVE:** The candidate will demonstrate the ability to determine whether the use of prescribed medication is appropriate and properly administer the appropriate medication.

**EQUIPMENT:** Simulated or placebo medication, stethoscope, BP cuff, patient.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will assess and appropriately treat the patient within five minutes from arriving at the patient's side given a medical patient requiring one of the below listed prescribed medications.

**REVISED:** January 2001

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.			*	
2. Obtains patient's prescribed medication.				
3. Contacts medical direction for authorization, if administration is not covered in standing orders.				
4. Assures medication is prescribed and indicated for the patient.			*	
5. Determines if patient has taken any prescribed dose(s).				
6. Checks medication for expiration date.				
7. Specific medications:				
<input type="checkbox"/> Nitroglycerin	<input type="checkbox"/> Metered Dose Inhaler	<input type="checkbox"/> Epinephrine Autoinjector		
a) Ensures systolic BP is at least 100 and patient has not taken Viagra® within 24 hours.	a) Assesses breathing and listens to lung sounds.	a) Obtains patient's auto injector.	*	
b) Places a tablet or sprays single dose under the tongue.	b) Directs patient to exhale completely.	b) Checks medication for clarity.		
c) Reassesses BP.	c) Places inhaler in patient's mouth, depresses canister and has patient inhale deeply.	c) Removes safety cap from injector.		
d) If pain persists administers 1 dose, every 3-5 minutes, to a maximum of 3 doses, if systolic BP remains above 100 mmHg.	d) Directs patient to hold breath for as long as comfortable.	d) Pushes injector firmly against lateral thigh and holds for 10 seconds.		
	e) Reassesses patient's breathing and lung sounds.	e) Discards auto-injector in sharps container.	*	
	f) Administers up to maximum dose.		*	
7. Reassesses patient for desired effect and possible side effects.			*	

# ADMINISTRATION OF EMT-I NON-PRESCRIBED MEDICATION

**OBJECTIVE:** The candidate will demonstrate the ability to determine whether the use of non-prescribed medication is appropriate and properly administer the appropriate medication.

**EQUIPMENT:** Simulated or placebo medication, stethoscope, BP cuff, patient.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will assess and appropriately treat the patient within five minutes from arriving at the patient's side given a patient requiring one of the below listed medications.

**REVISED:** January 2001

<i>Event</i>		<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.		*	
2. Assures medication is indicated for the patient.		*	
3. Selects appropriate medication.			
4. Contacts medical direction for authorization if administration is not covered in standing orders.			
5. Checks medication for expiration date.			
6. Establishes that patient is not allergic to drug.			
7. Specific medications			
<input type="checkbox"/> Oral Glucose	<input type="checkbox"/> Activated Charcoal		
a) Ensures patient is alert enough to swallow.	a) Ensures patient is alert enough to swallow.	*	
b) Administers entire tube of glucose by placing glucose on a tongue depressor and inserting it between the cheek and gum or by allowing the patient to squeeze the tube into his or her mouth.	b) Mixes one gram of activated charcoal per kilogram of body weight into water or other liquid if not pre-mixed.		
	c) Has patient drink activated charcoal suspension.		
8. Reassesses patient for desired effect and possible side effects.		*	

# DEFIBRILLATION USING AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

**OBJECTIVE:** The candidate will demonstrate the ability to rapidly, safely, and effectively administer a defibrillator shock.

**EQUIPMENT:** AED trainer or AED and, dysrhythmia generator, defibrillation pads, stopwatch for proctor, CPR/defibrillator manikin capable of interfacing with defibrillator.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a CPR manikin with simulated ventricular fibrillation on which cardiopulmonary resuscitation is being performed by two rescuers who are using appropriate airway adjuncts and oxygen and will correctly and safely perform defibrillation using an AED.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Briefly questions rescuers or bystanders about arrest events.		
3. Directs rescuers to stop CPR.		
4. Verifies absence of spontaneous pulse.	*	
5. Directs rescuers to resume CPR.		
6. Attaches defibrillator pads and turns power to unit ON.		
7. Stops CPR and ensures that everyone is clear of patient.	*	
8. Presses "analyze" on unit to assess patient.		
9. Delivers shock.	*	
10. Delivers first shock within 60 seconds after arriving at patient's side.		
11. Repeats steps 7 – 9 (up to a total of three shocks) in accordance with standing orders, ensuring that the patient is cleared EACH time.		
12. Checks pulse.	*	
13. Directs rescuers to resume CPR for 60 seconds.	*	
14. Gathers additional information about arrest event.		
15. Confirms effectiveness of ventilations and compressions.		
16. After 60 seconds of CPR, repeats steps 7 – 9 in accordance with standing orders (up to a total of three shocks), ensuring that the patient is cleared EACH time.		
17. Checks pulse.	*	
18. Continues CPR in accordance with standing orders and evaluates effectiveness of CPR.		
19. Identifies and responds to any equipment difficulty in accordance with manufacturer's instruction guide if applicable.		

# EMERGENCY CHILDBIRTH

**OBJECTIVE:** The candidate will demonstrate the ability to correctly assist the mother in giving birth; and provide appropriate postnatal care.

**EQUIPMENT:** OB manikin with neonate, OB kit complete with towels, drapes, cord clamps or umbilical ties, scissors or scalpel, examination gloves, eye protection, gown, receiving blanket, bulb syringe, plastic bags, OB pad, and an EMT/ETT trained assistant.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with an OB manikin simulation of a patient in the second stage of labor. The candidate must deliver the infant and provide appropriate care to the mother and infant.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Obtains the following items during patient history: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Due date?  <input type="checkbox"/> Last menstrual period?  <input type="checkbox"/> Bleeding or discharge?  <input type="checkbox"/> Has the bag of waters broken, and was it stained water?  <input type="checkbox"/> How many times have you been pregnant and how many times have you given birth?               </div> <div style="width: 45%;"> <input type="checkbox"/> Drug use within 12 hours?  <input type="checkbox"/> Are you expecting twins?  <input type="checkbox"/> Pain or contraction?  <input type="checkbox"/> How long are your contractions? How far apart are they?  <input type="checkbox"/> Do you feel a need to push or move your bowels?               </div> </div>		
3. Explains the necessity of examining the patient for crowning.		
4. If time allows drapes the patient for examination.		
5. Has patient lie supine with knees drawn up and spread apart.		
6. Observes for crowning or any presenting part.		
7. Places hand on infant's head avoiding fontanelles to prevent explosive delivery.		
8. Checks for cord around the infant's neck when the head presents. Slips cord over head or shoulder or clamps and cuts cord if necessary.	*	
9. Clears the infant's airway by suctioning mouth and then the nose with a bulb syringe or other appropriate device. (Expels air from the syringe prior to insertion.)	*	
10. Holds baby securely by placing one hand under the head and neck and sliding the other hand along the body during delivery. Grasps the feet as they present.		
11. Keeps infant level with vagina until cord is clamped.		
12. Re-suctions baby's mouth and nose with the bulb syringe.		
13. Dries baby and wraps in clean, dry, warm blanket, ensuring that the head is covered.	*	
14. Clamps the cord at approximately 7 inches from the infant and places another clamp at approximately 10 inches from the infant.		
15. The cord, if cut, is cut between the clamps.	*	
16. Places the infant on the mother's abdomen or gives the baby to the assistant.		
17. Delivers the placenta without pulling the cord. Transports all placental tissue with the mother and baby.	*	

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
18. Massages the mother's uterus through the abdominal wall until it shrinks to a firm, hard consistency, or assists the mother with uterine massage.		
19. Applies OB pad.		
20. Records time of delivery.		

# NEWBORN MANAGEMENT

**OBJECTIVE:** The candidate will demonstrate the ability to correctly evaluate and manage a newborn baby.

**EQUIPMENT:** OB manikin with neonate, OB kit complete with towels, drapes, cord clamps or umbilical ties, scissors or scalpel, examination gloves, eye protection, gown, receiving blanket, bulb syringe, plastic bags, OB pad, and an EMT/ETT trained assistant.

**PERFORMANCE CRITERIA AND CONDITIONS:** Given a newborn infant manikin, the candidate will appropriately assess and treat using the guidelines that follow.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Grasps and supports the infant as it emerges.		
3. Holds infant firmly and maintains the infant at the level of the vagina.		
4. Clears mouth and nose and repeats suctioning of the infants mouth and nose.	*	
5. Dries infant with towels and covers to reduce heat loss.	*	
6. Provides tactile stimulation.		
7. Gives oxygen as necessary.		
8. Evaluates respirations, heart rate and color: a. If HR is greater than 100 and baby is pink, gives supportive care. b. If apneic or heart rate is less than 100, provides ventilatory support. c. If heart rate is less than 60, provides chest compressions and ventilations.	*	
9. Clamps the cord in two places and cuts cord between clamps. May be done at any convenient time.		
10. Continues to maintain body temperature.	*	

# EXTERNAL BLEEDING CONTROL

**OBJECTIVE:** The candidate will demonstrate the ability to evaluate and control external hemorrhage while adhering to BSI precautions.

**EQUIPMENT:** Clean dressing, BP cuff, stethoscope, bandaging supplies, and examination gloves.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a patient with simulated arterial bleeding on an extremity. The candidate must control the bleeding appropriately.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Explains procedure to patient.		
3. Applies and maintains direct pressure on wound site using sterile dressing, applying additional dressings if necessary.		
4. Elevates extremity above the level of the heart.		
5. If hemorrhage continues, compresses artery at appropriate proximal pressure point with more than one finger, while maintaining elevation.		
6. If bleeding is still severe, reevaluates treatment.		
7. <b>Steps 3 and 4 completed before 5 and 6 and within 45 seconds.<sup>1</sup></b>	*	
8. Appropriate dressings and bandages are applied, using firm pressure, or a pressure bandage.		
9. Monitors patient for recurrent hemorrhage.		
10. If unable to control hemorrhage, uses tourniquet as a last resort.		
11. Assesses patient, obtains vital signs and treats for shock as necessary.		

---

<sup>1</sup> Steps 2, 3 and 4 may be completed simultaneously.



# BASIC SHOCK TREATMENT

**OBJECTIVE:** The candidate will demonstrate proper evaluation and basic treatment of the patient in shock.

**EQUIPMENT:** BP cuff, stethoscope, blankets, free flow oxygen delivery system, something with which to elevate patient's feet, non-rebreather mask.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a patient exhibiting signs and symptoms of shock. Vital signs will be given to the candidate as they are taken. Appropriate assessment and treatment should be completed.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Places patient in supine position.		
3. Initiates oxygen flow at 10 - 15 liters per minute via non-rebreather mask.	*	
4. Controls external hemorrhage if indicated.	*	
5. Elevates patient's legs 8-12 inches.		
6. Maintains body temperature.		
7. Communicates with and reassures patient.		
8. Checks BP, pulse rate, and respiratory rate.		
9. Evaluates level of consciousness.		
10. Identifies need for rapid transport.	*	
11. Considers application of PASG.		

# PNEUMATIC ANTI-SHOCK GARMENT - ADULT

**OBJECTIVE:** The candidate will correctly demonstrate the proper application of the PASG

**EQUIPMENT:** Pneumatic anti-shock garment, a patient, 1 EMT-ETT Trained assistant, BP cuff, stethoscope.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a supine patient in hypovolemic shock and will correctly apply the PASG with the help of 1 EMT/ETT assistant.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Explains the procedure to the patient.		
3. Evaluates lung sounds.	*	
4. Removes patient's clothing from the waist down including shoes.		
5. Unfolds and positions the PASG.		
6. If spinal injury is suspected, places PASG on the patient without compromising the spine.	*	
7. Positions garment in correct anatomical position with the top of the garment just below lateral rib margin.	*	
8. Wraps and secures the leg sections.		
9. Wraps and secures the abdominal section.		
10. Attaches the pump to all three stopcocks. Closes the abdominal stopcock and opens stopcocks to legs.		
11. Inflates the leg sections until: <ul style="list-style-type: none"> <li>a. Velcro closures start to slip or</li> <li>b. pop-off valves release, or</li> <li>c. garment is easily dented by finger pressure.</li> </ul>	*	
12. Closes leg stopcocks.		
13. Assesses BP and lung sounds. If systolic BP is less than 90 mmHg, proceed to step 14. If systolic BP is greater than or equal to 90 mmHg, go to step 17.	*	
14. Opens the abdominal stopcock and inflates the abdominal section until: <ul style="list-style-type: none"> <li>a. Velcro closures start to slip, or</li> <li>b. pop-off valves release, or</li> <li>c. garment is easily dented by finger pressure.</li> </ul>	*	
15. Closes abdominal stopcock.		
16. Checks the patient's vital signs and lung sounds.	*	
17. Assures all stopcocks are closed.	*	

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
18. When asked, states the conditions which must exist prior to deflation and the procedures for deflation: <ul style="list-style-type: none"> <li>a. Patient is in a medical facility with at least one large bore IV in place; and</li> <li>b. Deflate compartments one at a time, starting with the abdomen, stopping deflation if BP drops more than 10 mmHg or pulse increases by more than 10/minute.</li> </ul>		

***NOTE: Some pneumatic anti-shock devices do not have pop-off valves. Do not exceed 100 mm Hg inflation pressure within the garment. Monitor closely during transport and adjust as necessary.***

## SPINAL IMMOBILIZATION – SUPINE PATIENT

**OBJECTIVE:** The candidate will demonstrate the proper technique for applying the cervical collar, log rolling a patient onto the spine board, and securing the patient to the spine board.

**EQUIPMENT:** Cervical collars, long board, straps, blankets, 2" - 3" tape, towels or bulky dressing, or commercially available cervical immobilization device, Roller bandage, patient, two EMT/ETT trained assistants.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a patient with a suspected spinal injury. They should appropriately immobilize the patient using the correct equipment.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Directs assistant to place and maintain patient's head in a neutral, in-line position.	*	
3. Securely applies a correct size cervical collar while maintaining spinal alignment and the patient's airway.	*	
4. Assesses pulse, motor and sensory function in each extremity.	*	
5. The candidate directs assistants throughout procedure.		
6. The patient is rolled while maintaining spinal alignment.	*	
7. The patient's posterior is evaluated after being rolled.		
8. Positions immobilization device appropriately.		
9. While maintaining spinal alignment, the candidate directs assistants to roll patient onto long board on command of the EMT maintaining the cervical spine.	*	
10. The candidate directs that the patient be centered on the long board as a unit.		
11. The candidate directs that the patient be secured to the board with straps securing the chest, hips, and legs.		
12. The head is stabilized in a neutral position and secured to the board <b>LAST</b> using a horseshoe blanket, blocks, headroll, bulky dressing, etc.	*	
13. The candidate reassesses the patient's pulses, motor function and sensation in all extremities.	*	
14. The patient is secured to the long spine board without excessive movement.	*	

## SPINAL IMMOBILIZATION – SEATED PATIENT

**OBJECTIVE:** The candidate will demonstrate the ability to correctly apply a cervical collar, and a short board or vest type immobilization device.

**EQUIPMENT:** Cervical collar, short board or KED, roller bandages, tape, long board, straps, patient, 2 EMT/ETT trained assistants, and an automobile.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with an injured patient in the driver's seat of an automobile. The patient is alert, responsive and cooperative. The candidate will be instructed to extricate the patient using the equipment provided. Spinal alignment must be maintained at all times.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Directs assistant to place and maintain patient's head in a neutral, in-line position.	*	
3. Securely applies a correct size cervical collar while maintaining spinal alignment and the patient's airway.	*	
4. Assesses pulse, motor and sensory function in each extremity.	*	
5. The short backboard or KED is prepared for application.		
6. Short backboard or KED is placed behind patient while maintaining spinal alignment.		
7. The body and leg straps are securely fastened without excessive movement and without causing respiratory compromise, before the head is secured.	*	
8. Patient's head is secured in a neutral position to the short board or KED. Padding behind the head is placed correctly as needed.		
9. Manual spinal immobilization was maintained until the head was secured to the device.	*	
10. Device is applied and secured without excessive movement or compromise to the patient.	*	
11. The long board is positioned as close to the patient as possible. (The edge may be placed under the patient's buttocks).		
12. The patient is removed from the vehicle on, or onto, a long board.		
13. Rechecks motor and sensory function, in all extremities.	*	

## RAPID EXTRICATION

**OBJECTIVE:** The candidate will demonstrate the ability to rapidly extricate a critically injured patient.

**EQUIPMENT:** Blankets, one long board, sufficient strapping materials, cervical collar, two EMT/ETT trained assistants.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a critically injured patient in the seat of a vehicle. Candidate will be instructed to remove the patient from the vehicle **without** the use of a short spine board, or equivalent device. Correct spinal alignment must be maintained at all times.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Candidate directs a person located behind the patient to maintain stabilization of the patient's head.	*	
3. Applies correctly sized cervical collar, or immobilizes cervical spine.	*	
4. At the same time, the candidate stabilizes the spinal area by using his forearm along the sternum and gripping the patient's chin with hand. The other arm of the candidate braces the patient's shoulders or spinal column against the gentle pressure of the arm on the sternum.		
5. A person remains at the patient's legs and takes the legs at the knees to gently lift them when the candidate says to do so.		
6. A long board placed under the patient's thighs and buttocks, supporting and steadying it in anticipation of the patient being placed there.		
7. A person waits on the opposite side of the long board from the candidate to grasp the head of the patient when she/he is pivoted around, shoulders toward candidate.		
8. The candidate directs the EMT holding c-spine to direct that the patient is gently pivoted, legs toward the passenger side, shoulders towards the candidate.		
9. As patient rotates and is being lowered to a reclining position, a person lifts and maintains the legs in a flexed position without moving, or twisting spinal column, maintaining the knees in this manner until the patient's entire spinal area is on the long board.		
10. A person takes the patient's head at the same time the patient is about to be pivoted and maintains alignment and stabilization until the patient is on the long board and the head and cervical spine are secured.		
11. The board is kept steady.		
12. The candidate waits for a person to come to the long board. A person helps slide the patient to the head of the long board without pulling up on the shoulders.		
13. The legs continue to be supported and are straightened gently once the patient's head is at the head of the long board while maintaining spinal stabilization.		
14. Secures the patient onto the long board.		

## APPLICATION OF SLING AND SWATHE BANDAGE

**OBJECTIVE:** The candidate will correctly demonstrate the appropriate technique for applying a sling and swathe.

**EQUIPMENT:** Patient, triangular bandages and roller gauze, safety pins, tape.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a patient with a suspected fracture of the humerus. The candidate should correctly apply a sling and swathe. If using commercially available sling and swathe, the candidate should follow manufacturer's instructions.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Explains the procedure to the patient.		
3. Removes jewelry from injured extremity.		
4. Checks for pulse, motor function, and sensory function distal to the injury.	*	
5. Instructs patient to hold the injured extremity in a position of comfort.		
6. Places the base of the triangular bandage under the hand with the ends over opposite shoulders.		
7. Ties the ends together behind patient's neck.		
8. Brings the apex of the triangular bandage around the elbow and secures with a safety pin or knot.		
9. Secures the injured arm to the body by wrapping with roller bandage or triangular bandages. The injured arm should be immobilized against the thorax.		
10. Rechecks pulse, motor and sensory function distal to the injury.	*	

# TRACTION SPLINTING

**OBJECTIVE:** The candidate will demonstrate the proper method of applying a traction splint to an isolated fracture of the femur.

**EQUIPMENT:** Hare traction splint, Sager splint or like device, cravats or foot strap, patient, and 1 EMT/ETT trained assistant.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a supine conscious patient with a fracture of the femur. Utilizing a trained assistant, the candidate must properly apply the traction splint.

**REVISED:** January 2001

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.			*	
2. Explains the procedure to the patient.				
3. Has assistant stabilize the injured leg.				
4. Exposes the injured extremity.				
5. Removes shoe and sock on injured extremity.				
6. Checks pulse, motor and sensory function distal to the injury.			*	
<input type="checkbox"/> <i>Generic Traction Splint</i>	<input type="checkbox"/> <i>Sager Type Devices</i>	<input type="checkbox"/> <i>Hare Type Devices</i>		
7. Measures and adjusts splint.	7. Places splint between patient's legs, resting the cushion against the groin. Applies groin strap.	7. Positions splint parallel to the uninjured leg and adjusts length to 10 inches beyond the foot.		
8. Applies proximal anchor.	8. Folds the pads on the ankle hitch as needed to fit. Applies ankle hitch and secures under foot.	8. Applies foot strap and directs assistant to apply continuous manual traction.		
9. Applies ankle hitch or distal anchor.	9. Extends the splint, providing approximately 10% of the patient's body weight in axial traction. (Max 15 pounds for single leg or 25 pounds bilateral).	9. Spaces the straps to support the upper and lower leg.		
10. Applies traction to one of the following endpoints: <ul style="list-style-type: none"> <li>• Reduction of angulation</li> <li>• Reduction of pain.</li> </ul>	10. Applies leg straps; one over the mid-thigh, one over the knee, and one over the lower leg.	10. While supporting fracture site, directs the assistant to elevate the injured leg while maintaining continuous traction.		
11. Secures splint.	11. Applies the foot strap or cravat around both feet to prevent rotation.	11. Positions the splint under the injured leg with the top portion firmly against the ischium.		



	<i>Continuation for Hare type devices</i>		
	12. Directs assistant to lower the leg onto the device while maintaining traction.		
	13. Secures the groin strap prior to application of mechanical traction.	*	
	14. Attaches the foot strap rings to winch and twists knob to apply mechanical traction.		
	15. Releases manual traction after the mechanical traction is applied.		
	16. Secures the limb straps and mechanical traction device. Does not strap over the fracture site or knee.		
<i>Continuation for all devices</i>			
17.	Rechecks pulse, motor and sensory function distal to the injury.	*	
18.	Splints fracture without excessive motion of the leg.	*	
19.	Immobilizes patient on long board or equivalent.		
20.	Reassesses traction during transport.		

# LONG BONE IMMOBILIZATION

**OBJECTIVE:** The candidate will demonstrate the ability to correctly bandage and splint a long bone fracture.

**EQUIPMENT:** Sterile 4" x 4"s, splint padding; roller bandages, triangle bandages, sterile water or normal saline, appropriate splints, examination gloves, patient, 1 EMT/ETT trained assistant.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with an alert and oriented patient with a long bone fracture. The candidate must splint the injury with the help of a trained assistant.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Explains the procedure to the patient.		
3. Instructs the assistant to stabilize the extremity.	*	
4. Exposes the injured extremity.		
5. Checks pulse, motor and sensory function distal to the injury.	*	
6. If severe deformity or extremity is cyanotic or pulseless-align with gentle traction.		
7. If open wound is present applies and secures a sterile dressing to the wound.		
8. Selects an appropriate splint, padding splint if necessary.		
9. Gently lifts the injured extremity while supporting fracture site and places splint.		
10. Secures the splint.		
11. Immobilizes joints above and below the fracture site.	*	
12. Rechecks the pulse, motor and sensory function distal to the injury.	*	

# MULTILUMEN AIRWAYS

**OBJECTIVE:** Candidate will demonstrate the ability to correctly place a multilumen airway, and ventilate within the allowed time frame.

**EQUIPMENT:** Adult intubation manikin, multilumen airway (PTL or Combitube®), appropriate syringes, stethoscope, bag-valve-mask, lubricant appropriate for manikin, examination gloves, and oxygen delivery system.

**PERFORMANCE CONDITIONS:** The candidate will be presented with an intubation manikin on which ventilation is being performed with a bag-valve-mask device. An oropharyngeal airway is already in place. An EMT trained rescuer is available to assist with ventilating the patient. The candidate will correctly place the chosen multilumen airway.

**REVISED:** January 2001

Event		Does	Does Not
1. Takes BSI precautions.		*	
2. Ensures patient is hyperventilated with 100% oxygen.			
3. Checks/prepares airway device.			
4. Lubricates distal tip of the device (may be verbalized).			
5. Positions the head properly.			
6. Performs a tongue-jaw lift.			
Combitube®	PTL®		
7. Inserts device mid-line orally to depth so printed ring is at level of teeth.	7. Inserts device in mid-line orally until bite block flange is at level of teeth.	*	
8. Inflates pharyngeal cuff with 100cc of air and remove syringe.	8. Secures strap.	*	
9. Inflates distal cuff with 10-15cc of air and remove syringe.	9. Blows into tube #1 to adequately inflate both cuffs.	*	
CONTINUATION FOR BOTH DEVICES			
10. Attaches BVM to the first (esophageal placement) lumen and ventilates. Confirms placement and ventilation by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung.		*	
11. If lung sounds are present, and no sounds are heard over epigastrium, continues ventilating through this lumen.		*	
12. If no lung sounds are audible, and epigastric sounds are heard, switches the BVM to the other lumen and ventilate.		*	
13. Confirms placement and ventilation by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung.		*	
14. Confirms tube placement with either: <ul style="list-style-type: none"><li>CO<sub>2</sub> detector device</li><li>Esophageal detector device.</li></ul>			

# LARYNGEAL MASK AIRWAY® (LMA)

**OBJECTIVE:** The candidate will demonstrate the ability to correctly place the LMA, and ventilate within the allowed time frame.

**EQUIPMENT:** Intubation manikin, LMA®, silicone spray, bag-valve device, oxygen cylinder, examination gloves, oxygen connecting tubing, 10 ml syringe, stethoscope, EMT assistant, and watch for proctor.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with an intubation manikin on which ventilation is being performed with a bag-valve-mask device. An oropharyngeal airway is already in place. An EMT trained rescuer is available to assist with ventilating the patient. The candidate should insert the LMA® correctly.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Lubricates posterior surface of device with a water soluble lubricant (K-Y Jelly).		
3. Pre-oxygenates the patient.		
4. Holds the LMA® like a pen, the mask aperture must face forward and the black line on the airway tube faces toward the nose.		
5. Under direct vision, presses the tip of the cuff upward against the hard palate and flattens the cuff against it.		
6. Using the index finger to guide the LMA®, presses backwards towards the ears in one smooth movement.		
7. Advances into the hypopharynx until a definite resistance is felt.	*	
8. Gently maintains pressure on the tube while removing the index finger.		
9. Inflates the cuff with just enough air to obtain a seal.	*	
10. Auscultates breath sounds over epigastrium and over the lung fields.	*	
11. Confirms tube placement with either: <ul style="list-style-type: none"><li>• CO<sub>2</sub> detector device</li><li>• Esophageal detector device.</li></ul>		
12. Tapes and secures with bite block.		

# ORAL TRACHEAL INTUBATION

**OBJECTIVE:** The candidate will demonstrate the ability to correctly intubate the trachea, and ventilate within the allowed time frame.

**EQUIPMENT:** Intubation manikin, endotracheal tubes , laryngoscope handle, curved and straight laryngoscope blades, silicone spray, malleable stylet, bag-valve device, oxygen cylinder, examination gloves, oxygen connecting tubing, 10 ml syringe, stethoscope, EMT assistant, and watch for proctor.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with an intubation manikin on which ventilation is being performed with a bag-valve-mask device. An oropharyngeal airway is already in place. An EMT trained rescuer is available to assist with ventilating the patient. The candidate should correctly intubate the patient.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Ensures patient is hyperventilated with 100% oxygen.		
3. Checks ET cuff by inflating it with no more than 10 ml's of air.		
4. Attaches laryngoscope blade to handle and checks light.		
5. If stylet is used, inserts it so end is not protruding past end of the endotracheal tube.	*	
6. Places patient's head in sniffing position.		
7. Instructs rescuer to stop ventilations.		
8. Inserts blade while displacing tongue.		
9. Applies upward lifting action with laryngoscope WITHOUT using manikin's teeth as fulcrum.	*	
10. Observes glottic opening.		
11. Inserts ET tube from right of pharynx, passing the tube through the glottic opening.		
12. Removes laryngoscope.		
13. Inflates cuff with sufficient air to ensure a seal (5-10 ml) and disconnects syringe immediately.	*	
14. Attaches bag-valve device to ET tube, ventilates and notes chest rise and fall.	*	
15. Auscultates both lungs and epigastrium.	*	
16. Confirms tube placement with either: <ul style="list-style-type: none"> <li>• CO<sub>2</sub> detector device</li> <li>• Esophageal detector device.</li> </ul>		
17. Each intubation attempt should take no longer than 30 seconds. Candidate considers other options after third attempt.	*	
18. Ensures patient is ventilated with 100% oxygen at a rate of 10-12/minute.	*	
19. Secures ET tube to patient.		
20. Reevaluates tube placement every time after moving patient.	*	

# NEEDLE CHEST DECOMPRESSION

**OBJECTIVE:** The candidate will demonstrate the ability to correctly decompress a tension pneumothorax.

**EQUIPMENT:** Decompression manikin or simulated chest, 2-inch large-bore catheter, stethoscope, one way valve if indicated, tape, alcohol wipe or betadine.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a decompression manikin or simulated chest and will correctly demonstrate the ability to decompress a tension pneumothorax.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Identifies second or third intercostal space on the anterior chest at the midclavicular line.	*	
3. Prepares the area using aseptic technique.		
4. Removes the end cap from a 2-inch large-bore catheter (may attach syringe).		
5. Inserts the needle into the skin over the superior border of the rib, advances the catheter into the skin.	*	
6. Removes the needle and leaves the catheter in place.		
7. If available, attaches a one-way valve.		
8. Stabilizes the hub to the chest with tape if indicated.		
9. Monitors closely for re-occurrence of the tension pneumothorax.		

# ADMINISTRATION OF SQ, IM AND ET MEDICATIONS

**OBJECTIVE:** The candidate will demonstrate the ability to determine whether the use of medication is appropriate and properly administer the appropriate medication.

**EQUIPMENT:** Infusion trainer, examination gloves, alcohol wipes, tape, 2 x 2's, , syringes, needles for syringe, selection of medications, container for disposing of sharps,

**PERFORMANCE CRITERIA AND CONDITIONS** Given a medical patient requiring administration of parenteral medication, the candidate will assess and appropriately treat the patient within five minutes from arriving at the patient's side.

**REVISED:** January 2001

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.			*	
2. Assures medication is indicated for the patient.			*	
3. Assembles necessary equipment.				
4. Selects appropriate medication.			*	
5. Contacts medical direction for authorization, if administration is not covered in standing orders.				
6. Determines patient is not allergic to medication.			*	
7. Checks medication for expiration date.				
8. Specific medications				
<input type="checkbox"/> Subcutaneous (SQ)	<input type="checkbox"/> Intramuscular (IM)	<input type="checkbox"/> Endotracheal (ET)		
a) Selects 25g $1\frac{1}{2}$ or $5\frac{5}{8}$ " needle and 1 ml syringe.	a) Selects 19-21g $1\frac{1}{2}$ " needle and up to 5 ml syringe.	a) Ensures proper tube placement and adequate oxygenation and ventilation.		
b) Identifies injection site.	b) Identifies injection site.	b) Prepares medication by selecting 2-2.5 times the IV dose and dilutes into 10 ml (3-5 ml for peds) or prepares a 10 ml (3-5 ml for peds) NS flush..		
c) Cleanses puncture site using aseptic technique.	c) Cleanses puncture site using aseptic technique.	c) Hyperventilates the patient.		
d) Elevates SQ tissue by pinching skin.	d) Holds skin taut at injection site.	d) Removes BVM and injects medication deeply into ET tube.		
e) Inserts needle at 45° angle in one quick motion.	e) Inserts needle at 90° angle in one quick motion.	e) Follows drug with flush if not diluted.		
f) Aspirates for blood return. <ul style="list-style-type: none"> <li>If no blood return, smoothly and gently injects medication.</li> <li>If blood returns, withdraws needle, discards, and starts over at another site.</li> </ul>	f) Aspirates for blood return. <ul style="list-style-type: none"> <li>If no blood return, smoothly and gently injects medication.</li> <li>If blood returns, withdraws needle, discards, and starts over at another site.</li> </ul>	f) Reattaches BVM.	*	

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
g) Withdraws needle and massages site.	g) Withdraws needle.	g) Resumes ventilation with several large breaths and returns to normal rate.		
9. Disposes of all sharps in a sharps container.			*	
10. Reassesses patient for desired effect and possible side effects.			*	



# INTRAVENOUS (IV) ACCESS

**OBJECTIVE:** The candidate will demonstrate the ability to properly initiate IV therapy.

**EQUIPMENT:** Equipment includes an Infusion trainer, IV catheters, IV administration set, IV extension tubing (optional), tourniquet, examination gloves, alcohol wipes, tape, 2 x 2's, IV fluids, syringes, vacutainer tubes, needles for syringe, container for disposing of sharps, and a watch with a second hand for proctor.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a simulated patient who requires IV therapy. The candidate will correctly initiate IV therapy.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Assembles necessary equipment.		
3. Selects proper solution, checks color, clarity and expiration date.	*	
4. Selects proper administration set.		
5. Connects IV tubing to bag.		
6. Flushes IV tubing.	*	
7. Prepares tape or securing device.		
8. Applies tourniquet.		
9. Selects an appropriate vein.		
10. Cleanses puncture site using aseptic technique.		
11. Correctly performs venipuncture.	*	
12. Notes blood return.		
13. Advances catheter.		
14. Removes and disposes of needle properly.	*	
15. (Optional) Obtains blood sample using aseptic technique. Properly labels blood tubes.		
16. Removes tourniquet.		
17. Attaches IV tubing to IV catheter.		
18. Ensures that IV is flowing freely without signs of infiltration.		
19. Adjusts drip rate to TKO.		
19. <b>Completes steps 1-18 within six minutes and within 3 attempts.</b>	*	
20. Adequately secures IV.		

# ADMINISTRATION OF IV MEDICATIONS

**OBJECTIVE:** The candidate will demonstrate the ability to administer intravenous medication.

**EQUIPMENT:** Equipment includes an Infusion trainer, IV catheters, IV administration, tourniquet, examination gloves, alcohol wipes, tape, 2 x 2's, IV fluids, syringes, , needles for syringe, preload dextrose 50% in water, preload, vials, or ampules, naloxone, and a container for disposing of sharps.

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a patient who has a patent IV. The candidate will correctly prepare and administer medication through the IV.

**REVISED:** January 2001

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions, if blood or potentially contaminated fluids are present.			*	
2. Asks patient for known allergies.			*	
3. Selects correct medication, check expiration date.			*	
4. Assures correct concentration of drug.				
5. Prepares medication:				
<input type="checkbox"/> <b>Preloaded syringes</b>	<input type="checkbox"/> <b>Vial</b>	<input type="checkbox"/> <b>Ampule</b>		
a) Assembles prefilled syringe and expels air.	a) Cleanses top with alcohol prep if already open.	a) Taps side of ampule to move all medication to bottom.		
b) Some preload systems require the needle cover be removed before air can be expelled.	b) Uses syringe size that allows filling with more than the dose so that dose will be correct when air is expelled.	b) Wraps ampule in gauze and breaks off top of ampule.		
	c) Injects same amount of air into vial as fluid to be drawn out	c) Attaches a filter needle to the syringe.		
	d) Draws up desired dose plus 10%.	d) Draws up desired dose plus 10%.		
	e) Expels air from syringe and set to desired dose.	e) Removes filter needle and dispose in sharps container.		
		f) Attaches appropriate needle or needleless adapter to syringe.		
		g) Expels air from syringe and set to desired dose.		
6. Cleanses injection port with alcohol prep.				
7. Reaffirms correct medication and dose.				
8. Pinches or clamps IV tubing above the injection port to stop flow.				
9. Ensures that IV is patent.			*	
10. Administers correct dose at proper push rate.			*	
11. Flushes tubing.				
12. Readjusts drip rate to previous flow rate				
13. Disposes of syringe and needle in sharps container.			*	
14. Observes patient for desired /adverse/side effect.				

# INTRAOSSEOUS INFUSION

**OBJECTIVE:** The candidate will demonstrate the ability to correctly insert an intraosseous needle, check for proper needle placement, stabilize the needle, and administer fluid.

**EQUIPMENT:** Intraosseous needle, examination gloves, IO manikin or long bone (such as a tibia) from chicken or other animal, gauze roller bandage or other material to maintain proper position of long bone, normal saline or Ringer's lactate solution, IV administration set, 10 ml syringe (or larger)

**PERFORMANCE CRITERIA AND CONDITIONS:** The candidate will be presented with a long bone and requested to initiate an intraosseous infusion.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Assembles equipment and fills syringe with appropriate fluid.		
3. Selects proper anatomical site for IO infusion (1-3 cm distal to tibial tuberosity on anteromedial surface of proximal tibia).	*	
4. Cleans IO site using aseptic technique.		
5. Inserts device at a 90 degree angle and away from epiphysial plate.	*	
6. Penetrates the bone with firm pressure and a rotary ("screwdriver") motion. Identifies a "pop" and sudden lack of resistance signaling entry into the marrow cavity.		
7. Stabilizes device, removes stylet and places in sharps container.		
8. Attaches syringe and aspirates for marrow contents.		
9. Slowly pushes fluid and observes site for infiltration.	*	
10. Attaches IV administration set and administers proper fluid.		
11. Secures device.		
12. Checks administration rate and IO site for infiltration.		

# DEFIBRILLATION USING A MANUAL DEFIBRILLATOR

**OBJECTIVE:** The candidate will demonstrate the ability to recognize the need for a defibrillatory shock and properly perform defibrillation on an unmonitored cardiac arrest patient.

**EQUIPMENT:** Defibrillation manikin, monitor/defibrillator, conductive medium, and arrhythmia simulator.

**PERFORMANCE CRITERIA AND CONDITION:** The candidate will be presented with a defibrillation manikin representing a patient in cardiac arrest. The candidate will assess the patient and treat appropriately. A CPR trained assistant will be available.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Briefly questions rescuers or bystanders about arrest events.		
3. Directs rescuers to stop CPR.		
4. Verifies absence of spontaneous pulse.	*	
5. Directs rescuers to resume CPR.		
6. Turns on monitor/defibrillator's "Quick-look" mode or selects Lead II.		
7. Places paddles on appropriate landmarks with firm pressure, or places leads correctly, or applies hands off defibrillation pads appropriately.		
8. Stops CPR.		
9. Recognizes ventricular fibrillation or ventricular tachycardia on monitor.	*	
10. Sets appropriate defibrillator energy level 200 J.	*	
11. Applies conductive medium, if necessary.		
12. Charges defibrillator.		
13. If not using hands off defibrillator pads, places paddles on appropriate landmarks with firm pressure.	*	
14. Says "CLEAR." Visually checks that other rescuers are clear of patient.	*	
15. Delivers shock.	*	
16. Identifies rhythm on monitor.	*	
17. Repeats steps 12 – 19 twice using 200-300 J for second shock and 360 J for third shock or in accordance with standing orders if rhythm is ventricular fibrillation or pulseless ventricular tachycardia.	*	
18. Reassesses patient for return of pulse and respirations.	*	
19. Continues CPR.		

## EMT-III CARDIAC ARREST TREATMENT

**OBJECTIVE:** The candidate will demonstrate the ability to coordinate and perform resuscitative measures including dysrhythmia recognition, defibrillation, airway care, and administration of cardiac medications.

**EQUIPMENT:** Defibrillation manikin, monitor/defibrillator, conductive medium, arrhythmia simulator, 2 basic life support rescuers, IV equipment and supplies, airway care equipment and supplies specified in standing orders, appropriate medications, bag-valve-mask.

**PERFORMANCE CRITERIA AND CONDITION:** The candidate will be presented with a defibrillation manikin representing a patient in cardiac arrest. The candidate will assess the patient and treat appropriately.

**REVISED:** January 2001

<i>Event</i>	<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions.	*	
2. Checks pulse, starts or continues CPR until defibrillator is available.	*	
3. Attaches defibrillator to patient.		
4. Recognizes shockable rhythm.	*	
5. Defibrillates patient with 200 J, escalating to 200-300 J, 360 J as needed.		
6. Checks and reconfirms rhythm, checks pulse, and resumes CPR.	*	
7. Performs endotracheal intubation.	*	
8. Candidate may choose to place medications down endotracheal tube after this point.		
9. Starts IV. Medications should be given by this route once established.	*	
10. Administers epinephrine 1 mg IV or 2-2.5 times the IV dose down ET.	*	
11. Circulates drug for 30-60 seconds with CPR.		
12. Confirms patient is still in shockable rhythm.		
13. Stops CPR and states " <b>CLEAR.</b> "	*	
14. Defibrillates at 360 J.	*	
15. Checks and reconfirms rhythm, checks pulse, and resumes CPR.	*	
16. Administers lidocaine 1-1.5 mg/kg IV.	*	
17. Circulates drug for 30 – 60 seconds with CPR.		
18. Confirms patient is still in shockable rhythm.	*	
19. Defibrillates at 360 J.	*	
20. Checks and reconfirms rhythm, checks pulse, and resumes CPR.	*	
21. Repeats correct dosage of epinephrine every 3 - 5 minutes.	*	
22. Repeats correct dosage of lidocaine every 3 - 5 minutes up to a maximum dose of 3 mg/kg.	*	
23. Repeats defibrillation at 360 J at appropriate intervals.	*	

## EMT-III LETHAL ARRHYTHMIA TREATMENT

**OBJECTIVE:** The candidate will demonstrate the ability to coordinate and perform resuscitative measures in the patient with a potentially lethal arrhythmia; including airway management, intravenous therapy, administration of medications, and, where protocols allow, transcutaneous pacing.

**EQUIPMENT:** Defibrillation manikin, monitor/defibrillator/pacer, conductive medium, arrhythmia generator, two BLS rescuers, IV equipment and supplies, ALS airway equipment, oxygen, BVM, and medications specified in Standing Orders.

**PERFORMANCE CRITERIA:** The candidate is presented with a defibrillation manikin and given a case history by the instructor. The candidate will appropriately assess and treat the patient.

**REVISED:** January 2001

<i>Event</i>			<i>Does</i>	<i>Does Not</i>
1. Takes BSI precautions, if blood or potentially contaminated fluids are present.			*	
2. Performs appropriate airway management including endotracheal intubation			*	
3. Attaches electrodes to patient and identifies potentially lethal arrhythmia.				
4. Establishes appropriate IV therapy.				
<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Asystole	<input type="checkbox"/> Pulseless Electrical Activity		
a) Identifies symptomatic patient with heart rate below 60/minute.	a) Identifies asystole in two leads.	a) Identifies electrical activity without pulse.	*	
b) Administers atropine 0.5 - 1.0 mg IVP. <sup>1</sup>	b) Administers epinephrine, 1 mg IVP. Repeats every 3-5 minutes.	b) Administers epinephrine, 1 mg IVP. Repeats every 3-5 minutes.	*	
c) Repeats atropine 0.5 – 1.0 mg IVP as needed every 2 - 3 minutes up to a total dose of 0.04 mg/kg.	c) Administers atropine, 1 mg, IVP. Repeats after 3-5 minutes as needed. Total dose of 0.04 mg/kg.	c) If heart rate is slow administers atropine, 1 mg, IVP. Repeats after 3-5 minutes to total 0.04 mg/kg.	*	
d) Performs transcutaneous pacing (if allowed in standing orders).	d) Performs transcutaneous pacing (if allowed in standing orders). Should be started as soon as possible.	d) Identifies and addresses treatable causes of PEA Poor CPR-corrects Hypovolemia- runs IV wide open Hypoxia-checks interventions Acidosis- 100% O2 and considers 1 mEq/Kg sodium bicarbonate Hypothermia- active rewarming.		

<sup>1</sup> Pacing may be instituted prior to obtaining venous access if there is difficulty in starting the IV.

# CATEGORIZED SKILL SHEETS

Emergency Medical Technician-I, Initial Training Program	
Required	Teaching/Optional
<ul style="list-style-type: none"> <li>▪ Assessment of Blood Pressure, Pulse, Respirations, and Skin</li> <li>▪ Neurological Assessment</li> <li>▪ Physical Assessment and Treatment - Trauma (EMT-I, II, and III)</li> <li>▪ Physical Assessment and Treatment - Medical (EMT-I, II, and III)</li> <li>▪ Oropharyngeal Airway Insertion - Adult</li> <li>▪ Oropharyngeal Airway Insertion - Infant/Child</li> <li>▪ Nasopharyngeal Airway Insertion</li> <li>▪ Mouth to Mask - One Rescuer Method</li> <li>▪ Bag-Valve-Mask Resuscitator</li> <li>▪ Flow Restricted Oxygen Powered Ventilation Device</li> <li>▪ Oral Suctioning</li> <li>▪ Administration of Supplemental Oxygen</li> <li>▪ External Bleeding Control</li> <li>▪ Basic Shock Treatment</li> <li>▪ Pneumatic Anti-Shock Garment - Adult</li> <li>▪ Spinal Immobilization - Supine Patient</li> <li>▪ Spinal Immobilization - Seated Patient</li> <li>▪ Application of Sling and Swathe Bandage</li> <li>▪ Traction Splinting</li> <li>▪ Long Bone Immobilization</li> <li>▪ Emergency Childbirth</li> <li>▪ Assisting with Prescribed Medication</li> <li>▪ Administration of EMT-I Non-Prescribed Medication</li> </ul>	<ul style="list-style-type: none"> <li>▪ Defibrillation using a Semiautomatic Defibrillator</li> <li>▪ Multilumen Airways</li> <li>▪ Rapid Extrication</li> <li>▪ Newborn Management</li> </ul>

<b>Emergency Medical Technician-I, Refresher Training Programs</b>	
<b>Required</b>	<b>Teaching/Optional</b>
<ul style="list-style-type: none"> <li>Assessment of Blood Pressure, Pulse, Respirations, and Skin</li> <li>Physical Assessment and Treatment - Trauma (EMT-I, II, and III)</li> <li>Physical Assessment and Treatment - Medical (EMT-I, II, and III)</li> <li>Oropharyngeal Airway Insertion - Adult</li> <li>Oropharyngeal Airway Insertion - Infant/Child</li> <li>Bag-Valve-Mask Resuscitator - Two Rescuer Method</li> <li>Oral Suctioning</li> <li>Administration of Supplemental Oxygen</li> <li>External Bleeding Control</li> <li>Basic Shock Treatment</li> <li>Pneumatic Anti-Shock Garment - Adult</li> <li>Spinal Immobilization - Supine Patient</li> <li>Spinal Immobilization - Seated Patient</li> <li>Traction Splinting</li> <li>Assisting with Prescribed Medications</li> </ul>	<ul style="list-style-type: none"> <li>Defibrillation using a Semiautomatic Defibrillator</li> <li>Neurological Assessment</li> <li>Multilumen Airways</li> <li>Rapid Extrication</li> <li>Nasopharyngeal Airway Insertion</li> <li>Mouth to Mask - One Rescuer Method</li> <li>Bag-Valve-Mask Resuscitator</li> <li>Flow Restricted Oxygen Powered Ventilation Device</li> <li>Application of Sling and Swathe Bandage</li> <li>Emergency Childbirth</li> <li>Newborn Management</li> <li>Administration of EMT-I Non-Prescribed Medications</li> <li>Long Bone Immobilization</li> </ul>

<b>Emergency Medical Technician-II, Initial Training Program</b>	
<b>Required</b>	<b>Teaching/Optional</b>
<ul style="list-style-type: none"> <li>Physical Assessment and Treatment - Trauma</li> <li>Physical Assessment and Treatment - Medical</li> <li>Intraosseous Infusion</li> <li>Intravenous (IV) Access</li> <li>Administration of IV Medications</li> <li>Oral Tracheal Intubation</li> </ul>	<ul style="list-style-type: none"> <li>Multilumen Airways</li> <li>Laryngeal Mask Airway</li> <li>Semiautomatic External Defibrillator</li> </ul>
<b>Emergency Medical Technician-II, Refresher Training Programs</b>	
<ul style="list-style-type: none"> <li>All EMT-I Transition/Refresher Skills</li> <li>Intravenous (IV) Access</li> <li>Administration of IV Medications</li> <li>Oral Tracheal Intubation</li> <li>Intraosseous Infusion</li> </ul>	<ul style="list-style-type: none"> <li>Multilumen Airways</li> <li>Laryngeal Mask Airway</li> </ul>
<b>Emergency Medical Technician-III, Initial Training Program</b>	
<b>Required</b>	<b>Teaching/Optional</b>
<ul style="list-style-type: none"> <li>Defibrillation Using a Manual Defibrillator</li> <li>EMT-III Cardiac Arrest Treatment</li> <li>EMT-III Lethal Arrhythmia Treatment</li> <li>Oral Tracheal Intubation</li> </ul>	<ul style="list-style-type: none"> <li>Multilumen Airways</li> <li>Laryngeal Mask Airway</li> </ul>
<b>Emergency Medical Technician-III, Refresher Training Program</b>	
<ul style="list-style-type: none"> <li>EMT-I Transition/Refresher Skills</li> <li>EMT-II Transition/Refresher Skills</li> <li>EMT-III Cardiac Arrest Treatment</li> <li>EMT-III Lethal Arrhythmia Treatment</li> </ul>	<ul style="list-style-type: none"> <li>Multilumen Airways</li> <li>Laryngeal Mask Airway</li> </ul>



## SUGGESTION FORM

We want to keep these skill sheets as current, relevant, and useful as possible. If you have suggestions for improving the skill sheets, **please** let us know. Simply complete the form below and send it to:

Section of Community Health and Emergency Medical Services  
Department of Health and Social Services  
Box 110616  
Juneau, AK 99811-0616

FAX: (907) 465-4101

Make as many copies of this form as you need. Your comments will be forwarded to the State EMS Training Committee for review. We hope to revise the skill sheet packet at least annually.

Name:	Date:	Certification number, if applicable:
Version of Skill Sheets:		
Problem:		
Suggested Solution:		

Filename: skills 5b final 1 12 00.doc  
Directory: F:\Website\FY01  
Template: C:\Documents and Settings\ZMurphy\Application  
Data\Microsoft\Templates\Normal.dot  
Title: Skill Sheets, Version 5  
Subject: Skill Sheets  
Author: Rob Janik, Dave Rockney, Jodi Zufelt  
Keywords: Emergency Medical Services Training Skills  
Comments: These are the State of Alaska Skill Sheets  
Creation Date: 1/12/2001 12:49 PM  
Change Number: 15  
Last Saved On: 1/12/2001 2:40 PM  
Last Saved By: ZMurphy  
Total Editing Time: 33 Minutes  
Last Printed On: 1/12/2001 2:47 PM  
As of Last Complete Printing  
Number of Pages: 57  
Number of Words: 14,058 (approx.)  
Number of Characters: 80,133 (approx.)